

[illegible]

NONE
(Assistant Examiner) (Date)

[Signature]
(Legal Instruments Examiner) (Date)

☐ Claim numbered in the same order

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
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9	10			40			70			130			160			190
	11			41			71			131			161			191
	12			42			72			132			162			192
	13			43			73			133			163			193
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	15			45			75			135			165			195
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	17			47			77			137			167			197
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	19			49			79			139			169			199
	20			50			80			140			170			200
	21			51			81			141			171			201
	22			52			82			142			172			202
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	30			60			90			150			180			210